

Fill in this information to identify the case:

Debtor 1 Fox Ortega Enterprises Inc
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of California

Case Number: 16-40050

Form 1340 (12/23)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$2,394.98
Claimant's Name:	Dilks & Knopik, LLC
Claimant's Current Mailing Address, Telephone Number, and Email Address:	35308 SE Center Street Snoqualmie, WA 98065 425-836-5728 x123 admin@dilksknopik.com

2. Claimant Information

Applicant² represents the following:

- ☐ The Claimant is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:
Edwin McDonald
- ☒ If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary.

3. Applicant Information

Applicant represents the following:

- ☒ Applicant is the Claimant.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

5. Notice to United States Attorney


- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Northern District of California
450 Golden Gate Avenue
P.O. Box 36055
San Francisco, CA 94102

6. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g, 18 U.S.C. § 152.

Date: March 13, 2024



Signature of Applicant
Andrew T. Drake – Vice President
Dilks & Knopik, LLC

35308 SE Center Street
Snoqualmie, WA 98065
428-836-5728 x123
admin@dilksknopik.com

6. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g, 18 U.S.C. § 152.

Date: _____

Signature of Co-Applicant (if applicable) _____

Printed Name of Co-Applicant (if applicable) _____

Address: _____

Telephone: _____

Email: _____

7. Notarization

STATE OF WASHINGTON

COUNTY OF KING

This Application for Unclaimed Funds, dated March 13, 2024 was subscribed and sworn to before me this 13th day of March, 2024 by Andrew T. Drake who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public: _____

Matthew Zetley

My commission expires: February 19, 2026

7. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires: _____